

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014		
Mailing Address 3050 K Street, NW Suite 100			Amount 199238.00		
City Washington	State DC	Zip Code 20007	Transaction ID : 22070472		
Purpose of Expenditure Television Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Cheri Bustos		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 17 State: IL
Calendar Year-To-Date Per Election for Office Sought		212573.35	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014		
Mailing Address 3050 K Street, NW Suite 100			Amount 13335.35		
City Washington	State DC	Zip Code 20007	Transaction ID : 22072859		
Purpose of Expenditure Television Production - Estimate		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Cheri Bustos		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 17 State: IL
Calendar Year-To-Date Per Election for Office Sought		212573.35	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	212573.35
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	212573.35

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

[Electronically Filed]

Date

MM / DD / YYYY
10 / 16 / 2014

Signature